

State of Hawaii  
Department of Health

Child and Adolescent Mental Health Division

# Consumer Survey Report

## Fiscal Year 2003: Year to Date

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For the Period of July 1, 2002 to March 31, 2003  
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**Purpose:** The purpose of this report is to summarize the development, implementation, and preliminary quality analysis of the consumer satisfaction survey for the first three quarters of fiscal year 2003.

## **Introduction**

The Child and Adolescent Mental Health Division (CAMHD) of the Hawaii Department of Health gathers a wide variety of information about its operations including population, service, cost, and performance information. Multiple stakeholder groups have identified consumer satisfaction as a key system performance indicator and the routine evaluation of consumer satisfaction is included in the CAMHD Strategic Plan for 2003-2006, Quality Assurance and Improvement Plan, and Sustainability Plan.

To address this priority, CAMHD has made several attempts to routinely monitor the satisfaction of the family and youth who its receive services. For example, prior efforts include a computer-administered on-line satisfaction and periodic region-specific samples collected by family guidance centers (FGCs). These efforts have met with varying degrees of success, and CAMHD has continued to explore avenues for a cost effective, high quality, and sustainable consumer survey process. For fiscal year 2003, CAMHD incorporated the quarterly administration of the consumer satisfaction survey into a contract with its statewide family organization, Hawaii Families as Allies (HFAA). HFAA performs data collection while the CAMHD Research and Evaluation Specialist (RES) provides technical assistance, sample selection, and statistical analysis.

Activities during the first quarter of fiscal year 2003 focused on instrument selection and refinement, procedural and database development, and hiring and training of survey staff. CAMHD staff selected and refined the survey instrument through a process of reviewing previous surveys, talking with administrators at the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Children's Mental Health Services (CMHS), and internally discussing relevant issues. A final decision was made to adopt the Family Satisfaction Questionnaire – Abbreviated Version (FSQ-A) for caregivers and youth age 11 years and older, which has been used in the national evaluation of CMHS grantees. In addition to the FSQ-A, 10 items were generated to measure satisfaction with the 10 Hawaii CASSP principles.

On the last day of each quarter, the CAMHD RES uses the daily registration report available in Discoverer, to download the population of all youth actively registered with CAMHD on that day. This information is transferred to the Statistical Package for the Social Sciences (SPSS) for sample selection. A random sample of 30% of the registered population is selected using a uniform distribution via the standard SPSS algorithm. The sample is reviewed for breadth of coverage across FGCs and school complexes. The final sample is then transferred to a Microsoft Access database designed to capture contact and completed survey information. Two copies of the database are distributed to HFAA for data collection. Under contract, HFAA is required to provide completed surveys for 10% of the total registered population (i.e., 30% of the sample provided).

During the first quarter of fiscal year 2003, HFAA hired two surveyors who have remained employed through the present. On a quarterly basis, HFAA has assigned each surveyor approximately one-half of the sample for data collection. To minimize costs, HFAA has tended to make assignments to surveyors based on geographic region with the constraint that individual surveyors will not collect information from families with whom they have a relationship in another context (e.g., as a parent partner). Through a series of meetings and ongoing phone conversations with the CAMHD RES, the HFAA surveyors were trained in survey administration and data management. At the end of the quarter, HFAA maintains paper copies of the completed surveys and returns the completed electronic database to CAMHD for analysis.

During the second and third quarters of fiscal year 2003, this revised consumer survey process has been operational. Preliminary analysis of the quarterly sample was performed at the end of each quarter to support short-term calculation of an overall satisfaction score for the sake of the CAMHD quarterly sustainability report. The purpose of the present analysis was to combine information from the first two samples to support a more in-depth examination of the operating characteristics of the survey and to make recommendations for use and interpretation of the instrument.

## Methods

### Description of Survey

The consumer survey was designed to be administered via telephone or face-to-face interview or may be administered as a self-report mail-in survey. The instructions of the consumer survey ask the respondent to report on their experiences during the six months prior to the date of administration. The caregiver version of the consumer survey can be roughly divided into three parts. The first part consists of seven satisfaction items measured on a five-point Likert scale from *Very Dissatisfied* to *Very Satisfied* and a single yes-no item asking whether the services were helpful. The second part measures the effect of services on family employment and consists of two yes-no questions assessing who in the household is employed and whether less absenteeism resulted from the services received. The employment portion also includes four items assessing improvement on a five-point Likert scale from *Not at All* to *Very Much* and one item assessing the average reduction in absenteeism on a seven-point Likert scale from *None* to *5 or more days*. The third locally constructed portion of the survey consists of 10 items assessing the extent to which services were consistent with the Hawaii CASSP principles. These items are measured on a five-point Likert scale from *Not at All* to *Very Much*. The youth version of the consumer survey included the satisfaction and CASSP sections of the caregiver version except for a single CASSP item regarding caregiver involvement. Each instrument also included an open-ended question that allowed consumers to provide unstructured comments on their thoughts about the services received over the preceding 6 months.

### Participants

Respondents in the present analysis were 262 youth and families who completed the consumer survey during the period from October 1, 2002 through March 31, 2003. Respondents completed 261 caregiver surveys and 27 youth surveys. Four additional respondents refused to answer one or more items on the survey and were not counted as participants. Of the caregiver surveys, 94% were completed by telephone, 5% were completed via mail, and the interviewer did not specify format for 1% of the surveys. All of the youth surveys were completed by telephone. Each interviewer completed approximately one-half of the surveys (48% versus 52%). Fifteen (15) respondents completed the caregiver survey during both quarters and provided a small sample for stability analysis. One (1) additional respondent refused to complete the second survey when contacted during the third quarter.

Table 1. Valid caregiver satisfaction surveys completed during the second and third quarters of fiscal year 2003.

	Q2 FY2003: Oct – Dec, 2002			Q3 FY2003: Jan – Mar, 2003		
	(a) Valid N	(b) Registered N	(c) (a)/(b)*100 %	(d) Valid N	(e) Registered N	(f) (d)/(e)*100 %
Family Guidance Center						
Central Oahu	19	124	15.3	17	111	15.3
Windward Oahu	22	173	12.7	20	146	13.7
Leeward Oahu	20	177	11.3	12	161	7.5
Honolulu Oahu	10	144	6.9	3	114	2.6
Maui	12	124	9.7	14	108	13.0
Hawaii	50	329	15.2	23	310	7.4
Kauai	16	518	3.1	23	510	4.5
Family Court Liaison Branch	0	2	0.0	0	10	0.0
State Total	149	1,591	9.4	112	1,470	7.6

The overall response rate of 8.5% for the caregiver survey and 0.9% for the youth survey fell below the target of 10% completion. Target sample sizes were exceeded for the Central Oahu (15.3%), Windward Oahu (13.2%), Maui

(11.2%), and Hawaii (11.4%) FGCs. The Leeward Oahu sample was just below the target (9.5%) size, and the Honolulu Oahu (5.0%), Kauai (3.9%), and Family Court Liaison Branch (0.0%) FGCs were considerably below target. Examination of the completion rates by quarter and FGC (see Table 1 for caregiver and Table 3 for youth distributions) reveals a small decline in completion rates across quarters and considerable variability across FGCs.

To evaluate sample representativeness, the combined sample of survey respondents was compared to the overall CAMHD registered population during the third quarter of fiscal year 2003. Overall, the sample was fairly representative of the total registered population with a few exceptions (see Table 2). The sample and population averaged approximately 14 years of age and were predominantly male. The largest ethnic representations in both groups were Caucasian, Hawaiian, and Mixed, and the most common other agency involvements were Family Court and Med-Quest. However, there was some variability across groups in the actual proportion of youth in these major categories. Specifically, the survey sample included a higher percentage of males (+ 5%), Family Court and Med-Quest involvement (+ 6%), and Caucasians (+ 10.5%). Alternatively, the survey sample included a smaller percentage of females (- 5%), Hawaiians (- 4.3%), Mixed (- 5.7%), and youth of unknown ethnicity (-14.5%).

Table 2. Comparison of demographic characteristics of survey respondents to the total CAMHD registered population during third quarter of fiscal year 2003.

	(a) Survey Respondents	(b) Registered Population Jan – Mar, 2003	(c) Variance (a) – (b)
Mean Age in Years (SD)	14.1 (3.0)	13.9 (3.2)	+ 0.2 (- 0.2)
Gender (% of Total)			
Female	27	32	- 5
Male	73	68	+ 5
Agency Involvement (% of Total)			
DHS	14	13	+ 1
Court	28	22	+ 6
Incarcerated	8	7	+ 1
Quest	24	18	+ 6
Ethnicity (% of Available)			
African-American	3.2	2.0	+ 1.2
African, Other	0.5	0.2	+ 0.2
American Indian	0.0	0.4	- 0.4
Asian, Other	0.5	0.9	- 0.4
Caucasian, Other	32.4	21.9	+ 10.5
Chamorro	0.0	0.0	+ 0.0
Chinese	0.5	0.3	+ 0.2
Filipino	8.6	7.6	+ 1.0
Hawaiian	21.6	26.0	- 4.3
Hispanic, Other	0.0	0.9	- 0.9
Japanese	4.9	4.2	+ 0.7
Korean	0.0	0.2	- 0.2
Micronesian	0.0	0.4	- 0.4
Mixed	21.1	26.8	- 5.7
Pacific Islander, Other	1.6	1.7	- 0.1
Portuguese	1.1	2.7	- 1.6
Puerto Rican	0.0	0.8	- 0.8
Samoan	3.8	2.9	+ 0.9
Not Available (% of Total)	25.1	39.6	- 14.5

The youth samples were almost non-existent, so further analysis of the operating characteristics of this instrument is not warranted until more data become available. In the interim, these data are best considered of insufficient quality to support valid decision-making. Qualitative assessment of obstacles to survey administration to youth should be explored with the HFAA interviewers.

Analysis of contact records for third quarter of 2003 indicated that 84% of selected households included a youth over age 11 years and were therefore eligible for administration of the youth survey. Of the 84% of eligible households, 47% were listed with contact attempted on at least one occasion. The average number of contacts per eligible household was 2.6 attempts. The average number of attempted contacts for youth with a survey completed (4.5 attempts) was greater than the average of 2.7 contacts attempted for completed caregiver surveys. Thus, although it requires more effort and persistence to complete youth surveys, increased completion rates for youth surveys seem feasible given the current sampling procedure. No contact attempt was made to more than one-half of the eligible sample of youth, and the average number of contact attempts to eligible households would likely need to be doubled to average a youth response rate comparable to that of adults. Of course this is assuming that parents are not refusing consent for their youth to participate. If this were the case, survey items should have been endorsed as refused, not as empty.

Table 3. Valid youth satisfaction surveys completed during the second and third quarters of fiscal year 2003.

	Q2 FY2003: Oct – Dec, 2002			Q3 FY2003: Jan – Mar, 2003		
	(a)	(b)	(c)	(d)	(e)	(f)
	Valid	Registered	(a)/(b)*100	Valid	Registered	(d)/(e)*100
Family Guidance Center	N	N	%	N	N	%
Central Oahu	1	124	0.8	2	111	1.8
Windward Oahu	3	173	1.7	4	146	2.7
Leeward Oahu	2	177	1.1	0	161	0.0
Honolulu Oahu	1	144	0.7	1	114	0.9
Maui	1	124	0.8	2	108	1.9
Hawaii	8	329	2.4	0	310	0.0
Kauai	2	518	0.4	0	510	0.0
Family Court Liaison Branch	0	2	0.0	0	10	0.0
State Total	18	1,591	1.1	9	1,470	0.6

### Analysis and Results

Two primary levels of analysis may be used to examine the results of the consumer survey. Item level analysis involves examination of responses to individual questions on the survey. Scale level analysis involves examining scores on specific indices constructed by aggregating across items. Classical test theory holds that any measured score includes both a “true score” component and an “error” component.

When individual items are examined, the available options for estimating the size of the true score and error components are relatively limited. However, an indication of the reliability of scores can be obtained by examining the stability of item scores for the same respondent(s) on two different occasions. If the two measurements are close enough together in time that relatively little true score change is expected, then differences between the scores may be viewed as measurement error. This analysis is known as test-retest reliability or test-retest stability. This analysis is based on the notion that a measure is reliable to the extent that it yields similar results when measuring the same thing at different times.

Scale level analysis provides more opportunities to estimate true score and error components. Roughly speaking, because scales combine scores across multiple items designed to measure the same thing (e.g., satisfaction), the relative contribution of the true score component to the final scale score increases more rapidly than the contribution of the error component. Theoretically, each item makes idiosyncratic errors but shares its true score component with other items, therefore when combined with other items the idiosyncratic errors tend to “wipe each other out,” whereas the shared true score component grows stronger. Through this process of combining shared components, a more reliable scale can be constructed from a series of less reliable items. In addition to the examination of test-retest reliability of the scale, another type of reliability analysis known as internal consistency analysis may be performed on scales. Internal consistency analysis basically involves examining how much the set of items in a scale are related to one another. This can also roughly be thought of as splitting a scale in half and looking at the strength of the relationship between the two halves. The core notion here is that reliability is present to the extent that two different scales measuring the same thing (i.e., the split-halves) yield similar scores.

#### Scale Development.

Two strategies were used in the development of scales for the consumer survey. First, based on the face validity of item content, the RES specified a set of rationally defined scales. To maintain consistency in item scaling, only items that are scored on a five-point Likert scale were included in the item pool for scale development. The rationally defined scales represented the domains of acceptability of services, timely and comprehensive access to services, culturally appropriate and respectful interactions and services, family employment improvements, family participation in planning and services, consideration of service delivery in a least restrictive fashion, and overall satisfaction (see Table 4). Only the satisfaction items from the FSQ-A were included in the overall Caregiver Satisfaction scale to promote comparability to national evaluations.

Table 4. Rationally defined scales for the consumer survey.

Scale Name	Item Content
Acceptability	Overall satisfaction (1), child progress (7), family preservation & strengthening (17), coordinated services (20), protected child rights (24)
Access	Needed services available (16), timely and preventive (23)
Appropriate & Respectful	Respect beliefs (2), understand traditions (3), recognize strengths of culture & traditions (4), services fit needs & respected beliefs (15)
Employment	Increase ability to do job (9), increase income (10), job skills (11), education or vocational skills (12)
Family Participation	Involvement in planning (5), invitation to participate (6), caregiver participation (21), youth participation (22)
Least Restrictive	Least restrictive & disruptive (18), home and community first (19)
Caregiver Satisfaction	Overall satisfaction (1), respect beliefs (2), understand traditions (3), recognize strengths of culture & traditions (4), involvement in planning (5), invitation to participate (6), child progress (7)

Second, item level exploratory factor analysis of the Likert scale items from the satisfaction and CASSP portions of the consumer survey was conducted. Examination of the scree plot suggested the presence of a single factor (Eigenvalues greater than 1 were 7.9, 1.3, 1.2, 1.1) that accounted for 46.5% of the common variance. The presence of a single factor supports the interpretation of a total score as an indicator of overall satisfaction. The factor loadings for all items were above .60 except for the items assessing family participation (.60 for invitation to participate, .59 for involvement in planning, .49 for youth participation, .42 for caregiver participation) and least restrictive services (i.e., .37 for home and community first; .22 for least restrictive and disruptive services). When forced extraction of a higher numbers of factors was performed, additional factors tended to emerge that matched the rationally defined scales (i.e., appropriate and respectful, least restrictive, and family participation). This

provides support for the structure of the rationally defined scales but emphasizes that the empirical distinctions among these scales are minor and all would be expected to correlate highly with overall satisfaction.

### Completion Rates

Valid response rates were calculated for each item by excluding any item response in the categories of missing, not applicable, refused, or I don't know. The valid response rates for the vast majority of items were greater than 90% with a few notable exceptions (see Appendix A). The two items from the FSQ-A satisfaction questions assessing understanding and recognition of cultural strengths and traditions had response rates of 84% and 80% suggesting that these items were somewhat more difficult for respondents to understand and answer. However, the two other items assessing respect for beliefs, yielded high response rates (96% and 97%). This was consistent with the anecdotal reports of the interviewers who indicated that respondents had difficulty in understanding what was meant by "culture" and "traditions," whereas respondents more readily answered questions about their "beliefs."

Lower response rates were also evident for the items assessing employment and the receipt of home and community services prior to placing a child out of home. Lower response rates are expected for these items because they only apply to a subset of the sample. For example, the least restrictive services item is only relevant to families who have had a youth placed out of their home, which was approximately 40% of the registered population at any given time during FY 2003.

For the employment questions, the valid response rate was 96% for the two items asking if someone in the household works and if the respondent works. These two items indicated that 83% of households had a worker and 68% of respondents worked. These percentages define the upper limit of the valid response rates for the subsequent employment items. However, even in this restricted context, the valid response rates of subsequent items were less than desired (33 - 70%). Thus, respondents seemed to experience difficulty in consistently answering these questions. Again, this was aligned with interviewers anecdotal reports that respondents found the employment questions frustrating. Therefore, caution is warranted in interpreting the results of the employment items.

To compute scales, mean scores were calculated for all available items in a scale and then rounded to one significant digit. To obtain a valid scale score, a minimum of two items were required to have valid responses. Thus, the scale mean was effectively substituted for missing items. The resulting valid response rates for the scales were all above 90% except for the employment and least restrictive services scales (see Table 5). As noted above, these two scales include items that are not relevant to the entire population, so lower valid rates were expected.

Table 5. Reliability analysis for the caregiver survey scales.

Scale Name	Number of Items N	Valid Response %	Internal Consistency $\alpha$	Retest r
Acceptability	5	99.6	.85	.70
Access	2	96.9	.77	.47
Appropriate & Respectful	4	96.9	.89	.44
Employment	4	58.8	.91	.56
Family Participation	4	98.5	.68	.04
Least Restrictive	2	46.9	.50	.76
Caregiver Satisfaction	7	99.6	.89	.19

### Reliability Analysis

In the present study, a small sample of respondents (n = 15) completed the consumer survey during both quarters. The average time between administrations was 91 days with a range from 52 to 124 days. Because the instruction set asked respondents to report about the satisfaction over the prior six months, the three-month test-retest interval

should provide an opportunity for some change in satisfaction, but a moderate amount of stability in items and scales was expected.

Examination of the test-retest reliability of individual items generally revealed poor stability across time (see Appendix A). Notable exceptions to this were items measuring the provision of coordinated services ( $r = .74$ ,  $p = .002$ ), the accessibility of needed services ( $r = .67$ ,  $p = .009$ ), the fit of services to child needs that respected family beliefs ( $r = .65$ ,  $p = .009$ ), and youth participation in service planning ( $r = .62$ ,  $p = .018$ ), which were all statistically significant using an alpha of .05. The items measuring increases in job skills and education/vocational skills also displayed high retest correlations ( $r = 1.0$ ). However, these employment items had a very low response rate, so that the retest correlations are only based on two respondents who completed the measure on both occasions. All other items yielded nonsignificant retest correlations with magnitudes less than .60. Although the present retest sample was very limited, these results advise against making decisions based on item level interpretations with the exception of the four items previously specified until additional reliability evidence is available.

Examination of the test-retest reliability of scales also revealed somewhat less than desirable retest correlations (see Table 5). The test-retest reliability for the acceptability ( $r = .70$ ,  $p = .003$ ) and least restrictive services ( $r = .76$ ,  $p = .047$ ) scales were statistically significant, the others were not.

The low retest reliability is due primarily to two respondents who had provided mostly favorable ratings at time 1 (Mean = 4) and rated uniformly low at time 2 (Mean = 1). Each of these respondents was interviewed via telephone on both occasions and each surveyor interviewed one of these respondents on both occasions. Therefore, this finding does not seem to be due to an interviewer effect, nor to a change in format. The number of days between the first and second assessments for these cases was 63 and 120 days, respectively.

The internal consistency analysis suggested favorable reliability ( $\alpha > .70$ ) for all scales except the family participation and least restrictive services scales. The internal consistency of the family participation would be increased to .76 if the youth participation item were dropped and the caregiver participation items were retained. The least restrictive services scale consists of only two items, and one of these items is only completed by respondents from families in which youth have received services out of the home (i.e., the item asking whether home and community services were attempted before removing the child from the home). Therefore, a lower internal consistency is expected for this scale.

Taken together, these analyses suggest a generally satisfactory internal structure to the scales, but leave open the question of the stability of these scores from quarter to quarter. The test-retest reliability estimates should be interpreted very cautiously due to the small sample size, which makes the analysis highly susceptible to outliers and of unclear generality to the broader population. At present, some reliability evidence (either internal consistency or retest stability) is available to support interpretation of the items measuring the provision of coordinated services, the accessibility of needed services, the fit of services to child needs that respected family beliefs, and youth participation in service planning and each scales. The acceptability scale had the most supportive findings across the reliability analyses.

#### Areas of Relative Strength and Weakness

To identify areas of relative strength and weakness, an Analysis of Variance (ANOVA) was performed to compare the item level scores. Results indicated that significant variability existed between the four scores ( $F(3, 675) = 27.8$ ,  $p = .000$ ,  $\eta^2 = .11$ ). Specifically, Bonferroni corrected pairwise comparisons indicated that caregivers reported significantly greater satisfaction on the *coordinated services* and *services fit needs and respected beliefs* items than on the other items (see Table 6). Further, the mean of the *needed services were available* item was greater than the mean of the *youth participation* item. Examination of the observed percent of respondents scoring at level 4 or 5 on the Likert scale (i.e., Quite a Bit to Very Much or Satisfied to Very Satisfied) indicated that approximately 60-70% of respondents reported satisfaction on the items *coordinated services*, *services fit needs and respected beliefs*, and *needed services were available*, whereas less than half reported satisfaction with *youth participation*.

ANOVA also revealed areas of relative strength and weakness when the scale scores were examined ( $F(6, 450) = 27.6$ ,  $p = .000$ ,  $\eta^2 = .33$ ). *Caregiver satisfaction*, *appropriate and respectful services*, and *family participation* yielded the highest satisfaction scores whereas *least restrictive services* and *employment* yielded significantly lower



scores than the other scales. *Acceptability* of services and *access* to services fell in the middle of the scales examined.

Examination of the observed percent of respondents scoring at level 4 or 5 on the Likert scale (i.e., Quite a Bit to Very Much or Satisfied to Very Satisfied) indicated that 81% reported overall satisfaction on the *caregiver satisfaction* scale and the *family participation* scale. Approximately 65-75% of respondents reported satisfaction on the *appropriate and respectful*, *acceptability*, and *access* scales. Less than half reported satisfaction with *least restrictive* services and less than a quarter reported satisfaction on the *employment* scale.

Table 6. Descriptive statistics and response distribution for the caregiver survey items and scales.

Indicator	(a) Mean	(b) SD	(c) 1 %	(d) 2 %	(e) 3 %	(f) 4 %	(g) 5 %	(h) (f) or (g) %
<u>Items</u>								
Coordinated services <sup>a</sup>	3.9	1.2	6.0	8.5	16.9	28.6	39.9	68.5
Services fit needs, respected beliefs <sup>a</sup>	3.8	1.2	7.9	7.5	21.3	27.3	36.0	63.3
Needed services were available <sup>b</sup>	3.6	1.4	12.9	9.8	16.8	25.0	35.5	60.5
Youth participation <sup>c</sup>	3.2	1.4	20.7	10.8	24.5	19.9	24.1	44.0
<u>Scales</u>								
Family Participation <sup>d</sup>	4.1	0.9	0.8	3.9	14.3	43.4	37.6	81.0
Caregiver Satisfaction <sup>d, e</sup>	4.1	0.9	1.9	5.0	12.3	47.5	33.3	80.8
Appropriate & Respectful <sup>d, e</sup>	4.1	1.0	2.8	5.5	13.8	37.0	40.9	77.9
Acceptability <sup>e, f</sup>	3.9	1.1	4.2	6.1	17.2	39.1	33.3	72.4
Access <sup>e, f</sup>	3.7	1.3	9.8	9.1	15.7	27.2	38.2	65.4
Least Restrictive <sup>f</sup>	3.2	1.3	13.0	15.4	28.5	21.1	22.0	43.1
Employment <sup>g</sup>	2.4	1.3	33.1	27.3	16.9	16.9	5.8	22.7

Note: <sup>a-g</sup> Items sharing superscripts are not significantly different using a Bonferroni corrected  $\alpha$  of .05.

Taken together, these analyses suggest that the primary areas of relative opportunity for improving caregiver satisfaction with services involve increasing youth participation, improving the least restrictive services, and increasing parental employment supports.

#### Family Guidance Center Analysis

A series of ANOVAs was conducted to examine differences in the mean item and scale scores across family guidance centers. There were no significant differences in item level means across FGCs. Scale level analysis revealed that a significant difference across FGCs was only evident on the least restrictive services scale ( $F(6, 116) = 9.6, p = .000, \eta^2 = .33$ ). The general pattern of findings was that the outer islands had significantly higher average satisfaction with least restrictive services than Oahu (see Table 7). However, the specific pattern of statistical significance was a bit more variable because the outer island mean did not significantly differ from the Leeward Oahu nor the Honolulu mean.

The Honolulu mean was comparable to the Central and Windward means, but the smaller sample size reduced the power of the significance tests involving Honolulu. It is also important to bear in mind that this geographic division roughly coincides with the different interviewers. When interviewer was entered as a factor in the ANOVA, the interviewer factor was significant ( $F(1, 113) = 6.9, p = .01, \eta^2 = .06$ ) and the FGC factor was not ( $F(6, 113) = 0.9,$

$p = .48$ ,  $\eta^2 = .05$ ), although the effect size estimates ( $\eta^2$ ) are very similar. Therefore, at present, it is unclear whether this effect was due to a genuine difference between the outer islands and Oahu or whether the interviewers performed differently in assessing least restrictive environment. To clarify this effect, it would be necessary for HFAA to assign interviewers to families in a fashion that crosses geography.

Altogether, these findings suggest a predominant pattern of similarity across FGCs, with the exception that outer island respondents may tend to be more satisfied in terms of receiving least restrictive services. In light of the confound between interviewer and geography, these data in and of themselves are insufficient to support a recommendation for an initiative targeting least restrictive services. However, it is recommended that additional data be examined to consider other evidence that might suggest differential management of least restrictive services across geographic areas.

Table 7. Means and standard deviations (SD) for caregiver survey items and scales across Family Guidance Centers.

Indicator	Central Oahu FGC	Windward Oahu FGC	Leeward Oahu FGC	Honolulu Oahu FGC	Maui FGC	Hawaii FGC	Kauai FGC	FCLB FGC
<u>Items</u>								
Coordinated services	3.7 (1.4)	3.3 (1.4)	3.7 (1.6)	3.5 (1.5)	3.8 (1.3)	3.6 (1.4)	3.7 (1.2)	-
Services fit needs, respected beliefs	4.2 (1.0)	3.7 (1.3)	3.5 (1.5)	3.9 (1.0)	4.2 (1.1)	3.8 (1.2)	4.0 (1.1)	-
Needed services were available	4.1 (1.1)	3.6 (1.3)	3.8 (1.4)	3.7 (1.3)	3.9 (1.2)	3.7 (1.2)	3.7 (1.3)	-
Youth participation	3.1 (1.4)	2.8 (1.5)	3.0 (1.6)	3.2 (1.6)	3.4 (1.3)	3.5 (1.4)	2.9 (1.2)	-
<u>Scales</u>								
Family Participation	4.2 (0.7)	4.0 (0.9)	3.9 (1.1)	4.1 (0.9)	4.2 (1.0)	4.3 (0.7)	4.0 (0.8)	-
Caregiver Satisfaction	4.4 (0.7)	4.0 (0.8)	3.8 (1.3)	4.2 (0.6)	4.1 (0.9)	4.1 (0.9)	3.9 (0.9)	-
Appropriate & Respectful	4.5 (0.7)	4.0 (0.9)	4.0 (1.2)	4.1 (0.8)	4.0 (0.9)	4.0 (1.0)	4.0 (1.2)	-
Acceptability	4.2 (0.8)	3.8 (1.1)	3.7 (1.3)	4.1 (0.8)	4.1 (1.0)	3.8 (1.1)	3.9 (1.1)	-
Access	4.0 (1.3)	3.6 (1.4)	3.4 (1.5)	3.6 (1.5)	3.8 (1.3)	3.7 (1.3)	4.0 (1.1)	-
Least Restrictive	2.3 <sup>a</sup> (1.2)	2.1 <sup>a</sup> (1.0)	2.9 <sup>a,b</sup> (1.1)	2.2 <sup>a,b</sup> (0.4)	3.8 <sup>b,c</sup> (1.1)	3.9 <sup>c</sup> (1.1)	3.8 <sup>b,c</sup> (1.3)	-
Employment	2.9 (1.0)	2.3 (1.2)	2.2 (1.1)	2.8 (1.5)	2.5 (1.6)	2.3 (1.4)	2.0 (1.1)	-

Note: <sup>a-g</sup> Items sharing superscripts are not significantly different using a Tukey HSD corrected  $\alpha$  of .05.

### Summary and Recommendations

The sample size for the present analysis was generally acceptable statewide, but was short of the targeted representation of 10% of the registered population. Variability in sampling was even more apparent across geographic regions and almost no youth surveys were completed. However, the obtained sample was fairly

representative of the total registered population and fundamental revision to the sampling procedures does not seem necessary. It is recommended that CAMHD and HFAA explore obstacles to obtaining targeted sample sizes. To promote breadth of representation, HFAA should monitor collection of the targeted sample size by FGC, not statewide. The necessary information is readily available to HFAA through the sample database, which includes an automated report for calculating number and percent completion by interviewer.

Overall, 81% of caregivers described themselves as satisfied or very satisfied with CAMHD services, child's needs and respected family beliefs and traditions. The areas of least satisfaction involved provision of least restrictive services and improvements in parental employment and skills/education. Preliminary evidence indicated that caregiver satisfaction with least restrictive services was greater for the outer islands than Oahu, but this effect may have been due to the use of different interviewers rather than a "true" difference.

To minimize long distance phone charges, HFAA has tended to assign interviewers to families based on geographic region. This has the unfortunate consequence of making it difficult to determine whether observed differences across islands are due to true differences or interviewer effects. It is recommended that CAMHD discuss with HFAA the feasibility of crossing interviewers with counties to avoid this ongoing confound with interpretation of FGC analyses.

The current estimates of test-retest stability were based on a small sample size ( $n = 15$ ). Although this sample supported a preliminary analysis, it is recommended that the retest reliability analysis be repeated when a larger sample becomes available.

Although immediate revision to the survey questions and format does not seem necessary, several areas may benefit from revision. The three most problematic areas for administration identified by the interviewers were the employment questions; the least restrictive services questions; and two of the culture and tradition questions. The present analysis supported these observations for the employment questions and the culture and tradition questions. The least restrictive services questions seem to be functioning acceptably, although the addition of items would probably help improve the internal consistency of this scale. The two more problematic culture and tradition items are among the standard items on the FSQ-A. As the difficulties with these questions seem minor, and because additional items that make up the *appropriate and respectful* services scale function appropriately, revisions to these items are not recommended.

Revision to the employment section of the survey merits further consideration. The employment section had a lower proportion of valid responses (59%), but displayed acceptable internal consistency ( $\alpha = .91$ ) and marginal retest reliability ( $r = .56$ ). The employment section emerged as an area of relative weakness statewide, but did not significantly differ across family guidance centers. Although it is reasonable to expect that effective mental health services would increase the functioning of affected households in the employment domain, it is not clear whether these FSQ-A items clearly target a core area of influence relevant to CAMHD. It is recommended that CAMHD carefully consider whether the potential benefit and value of this information is sufficient to merit the potential cost of gathering this information in terms of respondent and interviewer time and frustration.

Other issues to consider in the consumer survey process involve the frequency of in-depth analysis and the channels for reporting the results. The overall caregiver satisfaction scale serves as a performance measure for the sustainability report and is thus reported on a quarterly basis at a minimum. The present document describes the first in-depth analysis of the new survey and provides a framework that should make it easier to repeat such analysis in the future. If the targeted sample size of 10% of the registered population is achieved on a quarterly basis, sufficient data should be available to support statewide descriptive statistics, trending, and analysis of strengths and weaknesses. However, due to the smaller sample sizes at each family guidance center, it is recommended that FGC breakdowns be analyzed on an annual basis when a larger sample can be aggregated across quarters. Alternatively, a moving average analysis aggregated across the preceding four quarters would provide an avenue for quarterly analysis by family guidance center based on larger sample sizes. Finally, it is recommended that this information be reported to the Performance Improvement Steering Committee (PISC) for review, and then to the Executive Management Team for final approval.

**Appendix A: CAMHD Caregiver Survey – Item-Level Results****A. Satisfaction Questions:**

Caregiver satisfaction with:			1	2	3	4	5	Valid Response	Retest
	Mean	SD	%	%	%	%	%	%	r
1. Overall services.	4.0	1.1	5.4	5.8	14.7	32.9	41.1	98.5	.29
2. Providers respect for beliefs.	4.1	1.1	6.0	3.6	10.4	33.1	47.0	95.8	.30
3. Providers understanding of (cultural) traditions.	4.2	1.0	4.1	3.2	9.1	36.1	47.5	83.6	.33
4. Services recognize strengths of culture & traditions.	3.9	1.2	7.1	8.6	8.6	36.2	39.5	80.2	.07
5. Involvement in planning	4.3	1.0	2.3	4.3	9.7	32.3	51.4	98.1	-.20
6. Invitation to participate in meetings	4.2	1.0	2.8	6.7	10.2	30.7	49.6	96.9	.19
7. Progress in the past 6 months	3.6	1.3	10.0	10.0	18.9	28.2	32.8	98.9	.40

Note: 1 = Very Dissatisfied, 2 = Dissatisfied, 3 = Neutral, 4 = Satisfied, 5 = Very Satisfied.

	Mean	SD	No %	Yes %	Valid Response %	Retest r
14. Have services been helpful	1.9	0.3	12.5	87.5	98.1	.09

**B. Hawaii CASSP Questions:**

How often true:			1	<u>2</u>	3	4	5	Valid Response	Retest
	Mean	SD	%	%	%	%	%	%	r
15. Services fit needs and respected beliefs.	3.8	1.2	7.9	7.5	21.3	27.3	36.0	96.6	.65
16. Needed services were available – Access.	3.6	1.4	12.9	9.8	16.8	25.0	35.5	97.7	.67
17. Family preservation & strengthening.	4.0	1.3	9.1	4.1	13.2	22.3	51.2	92.4	.11
18. Least restrictive & disruptive services.	2.4	1.6	52.3	5.0	12.0	15.4	15.4	92.0	.32
19. Home and community services first.	3.5	1.6	22.3	4.6	13.1	23.8	36.2	49.6	.57
20. Coordinated services.	3.9	1.2	6.0	8.5	16.9	28.6	39.9	94.7	.74
21. Caregiver participation.	4.5	0.9	1.6	2.4	8.7	22.9	64.4	96.6	.04
22. Youth participation.	3.2	1.4	20.7	10.8	24.5	19.9	24.1	92.0	.62
23. Timely & preventive services.	3.5	1.5	17.6	10.2	11.8	26.7	33.7	97.3	.33
24. Protected child's rights.	4.0	1.2	7.5	5.1	11.0	28.0	48.4	96.9	.43

Note: 1 = Not at All, 2 = A Little, 3 = Somewhat, 4 = Quite a Bit, 5 = Very Much.

**CAMHD Consumer Survey: Caregiver Results****C. Employment-Related Questions:**

			No	Yes	Valid Response	Retest
	Mean	SD	%	%	%	r
8. Someone in household works	1.8	0.4	17.5	82.5	96.2	-. <sup>a</sup>
8a. Respondent works	1.7	0.5	31.7	68.3	96.2	.15

Note: <sup>a</sup> retest correlation could not be calculated because all retest respondents reported that someone in the household works.

			1	<b>2</b>	3	4	5	Valid Response	Retest
	Mean	SD	%	%	%	%	%	%	r
9. Increase ability to do job.	2.8	1.5	30.4	8.2	23.4	22.8	15.2	70.2	.26
10. Increase income.	1.8	1.3	71.9	1.4	11.0	9.6	6.2	55.7	.56
11. Develop job skills.	2.1	1.4	55.7	4.5	19.3	11.4	9.1	33.6	1.0
12. Gain education or vocational skills	2.0	1.4	61.6	5.8	14.0	8.1	10.5	32.8	1.0

Note: 1 = Not at All, 2 = A Little, 3 = Somewhat, 4 = Quite a Bit, 5 = Very Much.

			No	Yes	Valid Response	Retest
	Mean	SD	%	%	%	r
13. Services help miss less work	1.6	0.5	69.6	30.4	82.8	.43

			1	2	3	<b>4</b>	5	6	7	Valid Response	Retest
	Mean	SD	%	%	%	%	%	%	%	%	r
13a. Average work increase	3.1	2.1	29.1	25.6	11.6	11.6	3.5	3.5	15.1	32.8	-. <sup>a</sup>

Note: 1 = None, 2 = Less than 1 day, 3 = 1 day, 4 = 2 days, 5 = 3 days, 6 = 4 days, 7 = More than 5 days; <sup>a</sup> retest correlation could not be calculated because only two response were valid on both occasions and both valid retest respondents reported the average work increase was less than 1 day.

**Appendix B: CAMHD Family Satisfaction Survey**

Please think about all the services (*child's name*) and your family have received over the past 6 months. These services may include treatment received from a therapist or clinician such as individual therapy, or support such as respite care, case management, or transportation. Services may include help your child and family may have received through your child's school, your family guidance center, or private providers. All of these services are part of the service system in your community that works with children and families.

Has (*child's name*) and/or your family received any services like these in the past 6 months?

1. NO (attempt to clarify, if no services identified, end survey)
2. YES (continue to read instructions and administer survey)

We are interested in knowing how satisfied or dissatisfied you have been with the services received during the past 6 months.

For some of the questions, we want to know if service providers understood and respected your family's ethnic/cultural background, traditions, and religious beliefs. For example, families have beliefs about health and illness, how to raise children, how to solve family problems, etc. We ask these questions of all families in the study because we believe all families have their own tradition, values, and beliefs.

Your opinions are important so please be candid and tell us what you think. We want to know how you feel, good or bad! Remember that what you say will be kept confidential.

May we begin?

		Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied	
1.	Overall, how satisfied were you with the services ( <i>child's name</i> ) has received?	1	2	3	4	5	Not Applicable Refused Don't Know Missing
2.	How satisfied were you with providers respect for your family's beliefs about mental health (behavioral and emotional issues)?	1	2	3	4	5	Not Applicable Refused Don't Know Missing
3.	How satisfied were you with providers' understanding of your family's (cultural) traditions?	1	2	3	4	5	Not Applicable Refused Don't Know Missing
4.	How satisfied were you with providers' ability to find services that acknowledge the positive aspects or strengths of your family's culture and traditions?	1	2	3	4	5	Not Applicable Refused Don't Know Missing
5.	How satisfied were you with your level of involvement in planning services for ( <i>child's name</i> )?	1	2	3	4	5	Not Applicable Refused Don't Know Missing
6.	How satisfied were you with the number of times you were asked to participate in meetings where services for ( <i>child's name</i> ) were discussed?	1	2	3	4	5	Not Applicable Refused Don't Know Missing
7.	How satisfied have you been with ( <i>child's name</i> )'s progress in the past 6 months?	1	2	3	4	5	Not Applicable Refused Don't Know Missing

The next set of questions I am going to ask are about your work or employment during the past 6 months. We are interested in work inside or outside the home for pay as well as work for a family business.

If you and someone else work, please just answer these questions for yourself. If someone else works, please answer the questions as you think this person would answer. After I read each question, please tell me which response fits the best.

8. Is there someone in your household who works? a) NO (go to Question #14) b) YES

8a) (If yes) Do you work? a) NO b) YES

8b) (If no) Who is the person in your family who works? Name? \_\_\_\_\_  
(write first name only)

[NOTE TO INTERVIEWER: For "other person," insert name of individual identified by the respondent in the questions below.]

		Not at all	A Little	Somewhat	Quite a Bit	Very Much	
9.	To what extent have the services ( <i>child's name</i> ) or your family received helped ( <i>you/other person</i> ) increase ( <i>your/his/her</i> ) ability to do ( <i>your/his/her</i> ) job?	1	2	3	4	5	Not Applicable Refused Don't Know Missing
10.	To what extent have the services ( <i>child's name</i> ) or your family received helped increase the money ( <i>you/other person</i> ) have/has earned or increase ( <i>your/his/her</i> ) income?	1	2	3	4	5	Not Applicable Refused Don't Know Missing
11.	To what extent have the services ( <i>child's name</i> ) or your family received given ( <i>you/other person</i> ) the opportunity to develop more job-related skills?	1	2	3	4	5	Not Applicable Refused Don't Know Missing
12.	To what extent do you think the services your family has received have allowed ( <i>you/other person</i> ) to gain additional education or vocational skills?	1	2	3	4	5	Not Applicable Refused Don't Know Missing

13. Have the services (*child's name*) or your family received helped (*you/other person*) miss fewer days or fewer hours of work? a) NO (go to question #14) b) YES

13a) On average, how many days per week during the past 6 months were/was (*you/other person*) able to work because of the services your child or family received?

None      Less than 1 day      1 day      2 days      3 days      4 days      5 or more days  
(a few hours)

14. Have the services (*child's name*) or your family received in the past 6 months been helpful?  
a) NO (go to question #15)  
b) YES

14a) What has been the most helpful thing about the services (*child's name*) or your family has received over the past 6 months?

\_\_\_\_\_

Now, I am going to read several statements. After each sentence, please let me know how often each statement has been true of the services that you have received. I would like you to answer by saying not at all, a little, somewhat, quite a bit, or very much. For example, if I read the statement “Our care coordinator has been on-time for all meetings.” You might respond by saying “Very Much.”

		Not at all	<u>A Little</u>	Somewhat	Quite a Bit	Very Much	
15.	<b>Our services fit your child’s needs and respected your cultural beliefs.</b>	1	2	3	4	5	Not Applicable Refused Don’t Know Missing
16.	<b>The services needed to help your child were available.</b>	1	2	3	4	5	Not Applicable Refused Don’t Know Missing
17.	<b>Services have tried to keep your family together and make it stronger.</b>	1	2	3	4	5	Not Applicable Refused Don’t Know Missing
18.	<b>Less intrusive services were preferred over more disruptive and restrictive services.</b>	1	2	3	4	5	Not Applicable Refused Don’t Know Missing
19.	<b>Home and community services were tried before removing your child from home.</b>	1	2	3	4	5	Not Applicable Refused Don’t Know Missing
20.	<b>Services for your child were organized even if many people were involved.</b>	1	2	3	4	5	Not Applicable Refused Don’t Know Missing
21.	<b>You participated in planning and receiving services.</b>	1	2	3	4	5	Not Applicable Refused Don’t Know Missing
22.	<b>Your child participated in planning and receiving services.</b>	1	2	3	4	5	Not Applicable Refused Don’t Know Missing
23.	<b>Services were provided soon after problems were identified to help prevent things from getting worse.</b>	1	2	3	4	5	Not Applicable Refused Don’t Know Missing
24.	<b>Services have protected your child’s rights.</b>	1	2	3	4	5	Not Applicable Refused Don’t Know Missing

This concludes this portion of the survey. If (*child’s name*) is available, we would like to also ask him/her a few similar questions about his/her satisfaction with the services he/she is receiving.

- a) YES (go to Youth Questionnaire)
- b) NO

Thank you for your time and effort in completing this survey. We will use the information we gather to adjust and improve the services we provide to children and their families. Thank you again. Goodbye.



**Appendix C: CAMHD Youth Satisfaction Survey**

Please think about all the services you and your family have received over the past 6 months. These services may include treatment received from a therapist or clinician such as individual therapy, or support such as respite care, case management, or transportation. Services may include help you and family may have received through your school, your family guidance center, or private providers. All of these services are part of the service system in your community that works with children and families.

Have you and/or your family received any services like these in the past 6 months?

3. NO (attempt to clarify, if no services identified, end survey)
4. YES (continue to read instructions and administer survey)

We are interested in knowing how satisfied or dissatisfied you have been with the services received during the past 6 months.

For some of the questions, we want to know if service providers understood and respected your family's ethnic/cultural background, traditions, and religious beliefs. For example, families have beliefs about health and illness, how to raise children, how to solve family problems, etc. We ask these questions of all families in the study because we believe all families have their own tradition, values, and beliefs.

Your opinions are important so please be candid and tell us what you think. We want to know how you feel, good or bad! Remember that what you say will be kept confidential.

May we begin?

		Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied	
1.	Overall, how satisfied were you with the services you received?	1	2	3	4	5	Not Applicable Refused Don't Know Missing
2.	How satisfied were you with providers respect for your family's beliefs about mental health (behavioral and emotional issues)?	1	2	3	4	5	Not Applicable Refused Don't Know Missing
3.	How satisfied were you with providers' understanding of your family's (cultural) traditions?	1	2	3	4	5	Not Applicable Refused Don't Know Missing
4.	How satisfied were you with providers' ability to find services that acknowledge the positive aspects or strengths of your family's culture and traditions?	1	2	3	4	5	Not Applicable Refused Don't Know Missing
5.	How satisfied were you with your level of involvement in planning your services?	1	2	3	4	5	Not Applicable Refused Don't Know Missing
6.	How satisfied were you with the number of times you were asked to participate in meetings where services for you were discussed?	1	2	3	4	5	Not Applicable Refused Don't Know Missing
7.	How satisfied have you been with your progress in the past 6 months?	1	2	3	4	5	Not Applicable Refused Don't Know Missing

8. Have the services you have received in the past 6 months been helpful? a) NO (go to question #9)  
b) YES

8a) What has been the most helpful thing about the services you have received over the past 6 months?

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Now, I am going to read several statements. After each sentence, please let me know how often each statement has been true of the services that you have received. I would like you to answer by saying not at all, occasionally, neutral, sometimes, all the time. For example, if I read the statement “Our care coordinator has been on-time for all meetings.” You might respond by saying “all the time.”

		Not at all	<u>A Little</u>	Somewhat	Quite a Bit	Very Much	
9.	<b>Our services fit your needs and respected your cultural beliefs.</b>	1	2	3	4	5	Not Applicable Refused Don't Know Missing
10.	<b>The services needed to help you were available.</b>	1	2	3	4	5	Not Applicable Refused Don't Know Missing
11.	<b>Services have tried to keep your family together and make it stronger.</b>	1	2	3	4	5	Not Applicable Refused Don't Know Missing
12.	<b>Less intrusive services were preferred over more disruptive and restrictive services.</b>	1	2	3	4	5	Not Applicable Refused Don't Know Missing
13.	<b>Home and community services were tried before removing you from home.</b>	1	2	3	4	5	Not Applicable Refused Don't Know Missing
14.	<b>Services for you were organized even if many people were involved.</b>	1	2	3	4	5	Not Applicable Refused Don't Know Missing
15.	<b>You participated in planning and receiving services.</b>	1	2	3	4	5	Not Applicable Refused Don't Know Missing
16.	<b>Services were provided soon after problems were identified to help prevent things from getting worse.</b>	1	2	3	4	5	Not Applicable Refused Don't Know Missing
17.	<b>Services have protected your rights.</b>	1	2	3	4	5	Not Applicable Refused Don't Know Missing

CAMHD thanks you for your time and effort in completing this survey. We will use the information we gather to adjust and improve the services we provide to children and their families. Thank you again. Goodbye.

**Appendix D: CAMHD Satisfaction Survey Greeting**

**Hello. May I speak with *(Parent or Guardian's Name)*.** [Verify that you have the correct individual.

For example: *Am I speaking with Ms. Jane Doe?*]

**My name is *(your name)*. I am calling on behalf of the Department of Health, Child and Adolescent Mental Health Division. We are the people who provide mental health services for your child *(child's name)*. We would like to take a moment of your time to ask some questions about your family's satisfaction with those services. Your answers will help us improve the services for the children and families of Hawaii. This survey will take approximately 15 minutes to complete.**

**Will you help answer these questions?**

a) YES (go to family survey)

b) NO:

**Thank you for your time. CAMHD hopes it provides your child and family with adequate and useful services.**